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A/Reissue

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PTO/SB/50 (08-00)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Box Reissue
Washington, DC 20231

Attorney Docket No.	42390P3612R
First Named Inventor	Kurt B. Robinson
Original Patent Number	5,937,423
Original Patent Issue Date (Month/Day/Year)	08/10/1999
Express Mail Label No.	EL034435488US

PTO
U.S.
09/927210
08/09/01

APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent assigned?

☒ Yes ☐ No

If Yes, check applicable box(es)

☒ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.73(c).
- ☐ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 USC 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other:

15. CORRESPONDENCE ADDRESS

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PATENT TRADEMARK OFFICE

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Name

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Name (Print/Type) Donna Jo Coningsby

Registration No. (Attorney/Agent) 41,684

Signature

Donna Jo Coningsby

Date 08/09/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

42390P3612R

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate	Fee
(A) Total Claims (37 CFR 1.16(j))	(B) 42	**** 22 =	x \$9.00 =		or	x \$18.00 =	396.00
(C) Independent Claims (37 CFR 1.16(i))	(D) 7	* 7 =	x \$40.00 =			x \$80.00 =	560.00
Basic Fee (37 CFR 1.16(h))							\$355.00
Total Filing Fee						OR	\$710.00
							\$1,666.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Fee	Other than a Small Entity Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 42	MINUS ** 20	* 22 =	x \$9.00 =		or	x \$18.00 =	1760.00
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS ***** 3	4 =	x \$40.00 =			x \$80.00 =	72.00
Total Additional Fee						OR	\$1832.00	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. 02-2666 in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-2666.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$1,832.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.**

August 09, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Donna Jo Coningsby

Typed or printed name